

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number

A030 P00747-US1

First Named Inventor

ZHONG XU

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MEDIA HAVING INK-RECEPTIVE COATINGS FOR HEAT-TRANSFERRING IMAGES
TO FABRICS**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

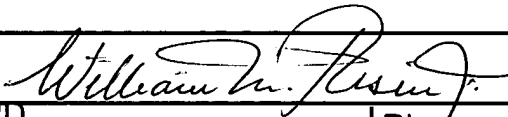
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	003017		OR	<input type="checkbox"/>	Correspondence address below
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
ZHONG Given Name (first and middle [if any])				XU Family Name or Surname			
Inventor's Signature <i>Zhong Xu</i>						Date <i>11-26-03</i>	
WORCESTER Residence: City			MA State		US Country		CN Citizenship
Mailing Address 285 PLANTATION STREET APARTMENT NO. 117							
WORCESTER City			MA State		01604 ZIP		US Country
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
ROBERT M. Given Name (first and middle [if any])				CONFORTI Family Name or Surname			
Inventor's Signature <i>Robert M. Conforti</i>						Date <i>11/26/03</i>	
WAKEFIELD Residence: City			RI State		US Country		US Citizenship
Mailing Address 89 DAY LILY CIRCLE							
WAKEFIELD City			RI State		02879 ZIP		US Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
WILLIAM M.		RISEN, JR.	
<small>Given Name</small>		<small>Family Name or Surname</small>	
<small>Inventor's Signature</small> 		<small>Date</small> Nov. 26, 2003	
RUMFORD	RI	US	US
<small>Residence: City</small>	<small>State</small>	<small>Country</small>	<small>Citizenship</small>
87 MILLER AVENUE			
<small>Mailing Address</small>			
<small>Mailing Address</small>			
RUMFORD	RI	02916	US
<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>Country</small>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<small>Given Name</small>		<small>Family Name or Surname</small>	
<small>Inventor's Signature</small>		<small>Date</small>	
<small>Residence: City</small>	<small>State</small>	<small>Country</small>	<small>Citizenship</small>
<small>Mailing Address</small>			
<small>Mailing Address</small>			
<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>Country</small>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<small>Given Name</small>		<small>Family Name or Surname</small>	
<small>Inventor's Signature</small>		<small>Date</small>	
<small>Residence: City</small>	<small>State</small>	<small>Country</small>	<small>Citizenship</small>
<small>Mailing Address</small>			
<small>Mailing Address</small>			
<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>Country</small>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.